

ART. IV. *Case of Retained Placenta.* By F. Y. PORCHER, M. D. of Charleston, South Carolina.

MRS. —, the subject of the following communication, was about thirty-three years of age, tall, and of spare habit of body, had always enjoyed good health—been married about two years—been twice pregnant, and had an abortion each time in the third month: in the third pregnancy I was consulted occasionally for slight indispositions, and requested to attend on her in her approaching confinement. In the morning of the 14th of February, 1831, she fancied that her labour had commenced, and I was requested to see her. On my arrival, I found that there had been some discharge of water, but not the slightest pain; she was directed to keep her bed, and inform me if any pain should come on during the day. In the evening some pain was felt, which continued through the night, though slight, and at long intervals.

15th. Pain much increased, and the os uteri beginning to dilate—in a few hours sufficiently open to ascertain that it was a breech presentation. At 4 o'clock that afternoon she was delivered of a full-sized child. On applying the hand to the lower part of the abdomen, the uterus was found low down and well contracted. After waiting some time, an examination was made, and an hour-glass contraction of the uterus was found to exist. The spasmodic action was of so firm a nature as to render the introduction of but one finger exceedingly difficult, and could only be accomplished by persevering efforts: on overcoming the spasm so far as to reach the fundus of the uterus, the placenta was found entirely adherent, and so intimately connected that its edge could not be traced, and no part detached by the finger. During this examination, the tonic contraction of the uterus maintained a constant and powerful action on the hand, such as none but those who have experienced the effect of uterine contraction can estimate.

After making fruitless efforts to extract the placenta, it was deemed advisable to desist for the time. Reflecting on the case, it appeared to have some peculiarities, and to present difficulties not easily overcome by the practitioner, or managed with safety to the patient. On passing the finger, for instance, along the cord to its insertion into the placenta, the ordinary spongy and thick mass appeared to be wanting, and to be inserted directly into the uterus; on extending the fingers around, it appeared doubtful when they passed

over the margin of the placenta; the uterine contractions were exceedingly strong, but did not in the least effect its attachment.

About 10 o'clock at night, six hours after delivery, I requested my friend, Dr. JOSEPH GLOVER, to see her with me. The nature of the case was stated, and he was requested to make an examination himself. He found the tonic contraction strong, and the placenta still adherent. The most judicious efforts on his part could not effect the slightest detachment, and it was determined to desist for the night, and prescribe an anodyne.

16th. On visiting the patient this morning found her comfortable; had rested well during the night, and continued free from pain; the state of uterine contraction in no respect altered; the placenta could be more distinctly felt at its centre. Particular engagements obliging Dr. Glover to leave the city, Dr. PHILIP G. PRIOLEAU was requested to see the patient with me. His efforts to extract the placenta were conducted with his usual skill and address, but with no better success. These repeated examinations and attempts at extracting the placenta had been conducted with as much gentleness as possible, but at the same time with resolution and perseverance; nothing, however, had been effected. It became necessary at this time to pause, and reflect on the peculiar nature of the case; the consequences which must result from the violence used in order to extract the placenta, and the probable consequences if left entirely to the efforts of nature. It was determined to desist from all manual efforts; to give the ergot in full doses, and, if practicable, to coöperate with it in effecting our object. Uterine contraction was promptly produced by this article; repeated doses were administered, and almost constant pain kept up. In the evening the uterine tumour could be felt externally much lower down, and of a more globular form. With the exception of pain induced by the ergot the patient was comfortable; skin cool and soft; pulse natural. An enema was directed, and the patient left for the night.

17th. She had rested well during the night; pulse somewhat excited; skin warm. The efforts used to extract the placenta had been borne by the patient with little suffering; but the uterus had now become sensible to every impression. An examination was made only with the view of ascertaining if any change had taken place since the day previous.

18th. She had passed a restless night; some fever this morning; skin hot and dry; no uterine pain. The cord, with a small portion of the membranes, came away in a putrid state. From the particular state of the uterus at this time, all attempts at removing the placenta

by manual efforts were necessarily abandoned. The system had now begun to sympathize with the condition of that organ. It became, therefore, necessary to meet this state of constitutional irritation by appropriate general means, at the same time that a solution of the chloride of lime was frequently injected up the vagina in order to correct the fœtor.

It is unnecessary to give a detailed account of all the symptoms and treatment of the case in its progress; it is sufficient to state that for three weeks constitutional irritation demanded almost our exclusive attention. The chloride of lime had effectually removed all fœtor: the discharge from the vagina had been from the beginning considerable, and of a serous nature; had soon entirely ceased; no uterine pain had been felt.

About the middle of March our patient was taken with severe pain, and a sense of heaviness in the uterine region. These feelings had continued all night, and we thought it advisable in the morning to examine the state of the os uteri, and if the placenta was about to be thrown off, to assist the uterine efforts. The uterus was found low down in the vagina, and sufficiently open to admit the finger; the placenta could be distinctly felt pressing on the os uteri; the finger was insinuated some little distance between the placenta and the internal edge of the uterus. This examination caused an immediate contraction of the os uteri on the finger: any further examination was considered unnecessary. Our patient at this time was considered as convalescent; the pain ceased entirely in a short time; her health and strength improved daily.

On the 26th of March she was again taken with sudden and severe pain in the region of the uterus, with a sensation, as she expressed it, as if something was about to come away from her. Under these circumstances an examination was made. The uterus was found low down; the os uteri entirely closed, with rigid and unyielding edges. Here the examination ceased. From this time she regularly improved in health. In the month of June she left the city for New York, and travelled during the summer. She returned in November in good health, and has continued so to this time. During her absence she has had no uterine pain; has menstruated but twice; *no part of the placenta had ever been discharged.*

Such is a concise statement of facts in the above singular case; how the placenta has been disposed of is altogether a matter of conjecture. It may be supposed that from the peculiar nature of its attachment to the parietes of the uterus, a circulation of blood was kept up subsequent to the delivery of the child, between the two, and that

the placenta became an organized body. Such, however, was the powerful tonic contraction of the uterus, that it seemed impossible for any circulation to go on in a body subjected to such constant and close compression. It appears more probable, that this action on the placenta expressed from it all its fluids, at the same time that the atmospheric air was excluded, and putrefaction prevented; in this way it soon became a dry, innoxious body, offending only from its bulk.

That for several weeks after delivery the placenta acted as an extraneous body, and that the uterus made frequent attempts to cast it off was very apparent. It is however unnecessary to pursue these speculations further; should any thing occur at any subsequent time worthy of notice it shall be communicated. It is the facts which afford matter for serious and useful reflection in cases of firmly adherent placenta. It is now a rule of practice, that as soon as we are assured, that the natural efforts of the uterus are incompetent to the removal of the placenta, it should be done by art; until this is effected, the woman is not considered as entirely safe; this is certainly a good general rule, but in very difficult cases the practitioner may be much embarrassed in determining on the extent to which he should go in his manual efforts; he knows the consequences if rude and undue violence is offered to the uterus; he dreads the consequences to his patient, and the censure on himself, if the placenta is not removed. Impelled by such powerful motives, a decided and energetic course is pursued; the object is at last attained; but if inflammation of the uterus, extending to the peritoneum, and hectic from fever follow, which at the end prove fatal to the woman, such is the result of the manual efforts used for the removal of the placenta.

In more than one instance have I seen the woman's life sacrificed by an ignorant midwife acting on what she supposed an axiom in her profession, that "the placenta must be extracted." It is not intended by these remarks to censure proper and judicious efforts for the removal of a placenta firmly attached, but to express a belief that if the practitioner goes beyond a certain point, he jeopard the life of his patient by the very means which he honestly intends for her safety. When this point is reached, and beyond which he should not go, is impossible here to state; let him reflect on the two evils presented; let him regard it as a case requiring his most serious attention, and the exercise of his best judgment.

*Charleston, February, 1832.*